

Date Received Stamp

Hawaii State Department of Health  
WIC Services Branch

**Retail Food Vendor Application**  
**For Fiscal Years 2005 - 2007**

*Please answer all questions, sign, and submit to WIC Services Branch.  
Incomplete applications will not be processed.*

Submission of this application does not constitute authorization to participate in the Hawaii WIC Program. This is *not* a contract. Participation in the Hawaii WIC Program will not be authorized until all completed application materials have been received, evaluated and approved.

The WIC program is an equal opportunity program and may not discriminate on the basis of race, color, national origin, sex, age, or disability.

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Location

(Headquarters if multiple locations): \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Island: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Island: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Page: \_\_\_\_\_

Hawaii General Excise Tax Number: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Total number of stores/outlets owned: \_\_\_\_\_

Total number of stores/outlets applying for WIC authorization: \_\_\_\_\_

**Return Application to:**

**WIC Services Branch  
Vendor Management Unit  
235 S. Beretania St., Suite 701  
Honolulu, Hawaii 96813**

**WIC RETAIL FOOD VENDOR APPLICATION  
GENERAL INFORMATION FORM**

Vendor Applicants who are applying for WIC authorization for two or more stores (outlets) may complete one *General Information Form* to cover all stores.

**OWNER INFORMATION**

1. The legal structure of this business is:

- ☐ Corporation                      ☐ Limited Liability Company                      ☐ Incorporated  
☐ Sole Proprietorship  
☐ Partnership  
☐ Military Commissary  
☐ Co-operative  
☐ Other: \_\_\_\_\_

2. Type of business:

To be classified as a chain store, the "chain" must have **three** or more outlets. Please indicate the category which best describes the applicant:

- ☐ Major chain - National, regional, State > 5 outlets  
☐ Small chain - Regional, State 3 to 5 outlets  
☐ Independent - Local outlet, 1 or 2 outlets under the same owner/operator.  
    ☐ Large Independent (more than \$1,000,000 total gross annual sales)  
    ☐ Small Independent (less than \$1,000,000 total gross annual sales)  
    ☐ Military Commissary / Post Exchange  
    ☐ Other (Explain) \_\_\_\_\_

3. Is the vendor a full line/service grocery (e.g., vendor has fresh meat, produce, dairy and canned goods section) with a well-stocked line of grocery items featuring 3 or more brands to choose among (most food lines)?                      ☐ YES                      ☐ NO

**Attach a copy of the Proof of Ownership (Registration with the Hawaii State Department of Commerce and Consumer Affairs and Partnership Agreement or Complete Articles of Incorporation).**

4. Name of the owner(s), partners or corporate officer(s) responsible for the operation of the applicant business.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

5. When was the business purchased by its present owner (Month/Day/Year): \_\_\_\_\_

Was the seller a relative?      ☐ YES      ☐ NO

*If yes, state relationship to seller:* \_\_\_\_\_

6. Has the store owner/manager ever participated in the WIC program in Hawaii or any other state?  
(Not including the business currently applying for authorization).      ☐ YES      ☐ NO

If yes, store name: \_\_\_\_\_

WIC Vendor Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Dates of authorization: From (Month/Day/Year): \_\_\_\_\_ To (Month/Day/Year): \_\_\_\_\_

*If more than one store, attach a separate sheet that lists the store name(s), WIC vendor number(s), Store Adresse(s), and Date(s) of WIC authorization.*

7. Has the store(s), its owner(s), officer(s) or manager(s) ever been issued a written warning, sanction, suspension, disqualification, or had an application denied by the WIC program in Hawaii or in any other state?      ☐ YES      ☐ NO

*If yes, attach a separate sheet that lists the name of the owner(s), officer(s), manager(s), store(s) location, and the reason(s) and date(s) of the warning, sanction, disqualification, suspension or denial of application.*

8. Has a criminal conviction or civil judgment been imposed on the owner(s), officer(s) or manager(s) in the past six years?      ☐ YES      ☐ NO

9. Is the applicant willing to ensure that no conflict of interest shall exist with the Hawaii WIC Program?      ☐ YES      ☐ NO

10. Does the business owner presently retain full or part ownership, equal to or greater than 30% of a currently authorized WIC authorized store other than the Applicant business?      ☐ YES      ☐ NO

*If yes, please attach a separate sheet that lists the store/business name(s) and address(s) and WIC Vendor Number(s).*

11. Is the applicant willing to meet the minimum inventory requirements? (See attachment A, pages 6 – 8)      ☐ YES      ☐ NO

12. Is the vendor willing to sell WIC foods in the quantities required by WIC participants (e.g., selling Pediasure by the individual can versus by the six pack)?      ☐ YES      ☐ NO

## **TRAINING INFORMATION**

Specify the name of the individual(s) who will be responsible for WIC oversight, training of store personnel on WIC procedures and communicating WIC program changes to the managers, supervisors, cashiers, customer service representatives, bookkeeper and/or accountant and other parties concerned with WIC.

General Training Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **PERSONNEL**

Please list the name and phone number of the individual to contact regarding the following:

Cashier Training: _____	_____
Name	Phone

Rejected Checks: _____	_____
Name	Phone

Operations: _____	_____
Name	Phone

Product information: _____	_____
Name	Phone

POS (scanner) updates: _____	_____
Name	Phone

Customer Complaints: _____	_____
Name	Phone

Vendor Stamps: _____	_____
Name	Phone

Store Openings/Closings: _____	_____
Name	Phone

Vendor Agreement: _____	_____
Name	Phone

## STATEMENT OF APPLICATION

**Please read carefully and sign below:**

The undersigned is authorized to act on behalf of the applicant identified on Page one (1) who is applying for authorization to participate in the Hawaii WIC Program. By submitting this application, the undersigned has declared that the business is open, fully stocked, and fully operational and authorized to accept Food Stamps. The undersigned has reviewed, verified and understands the information contained in the WIC Retail Food Vendor application packet.

This application is only a request for a WIC Food Vendor Agreement, and does not constitute an Agreement nor does it guarantee authorization to participate in the Hawaii WIC Program. The Hawaii State Department of Health or its designee may verify the information contained in the application during an on-site visit.

1. I certify that all information submitted on this application is accurate and complete.
2. I certify that the information reflected on the enclosed WIC Price/Stock Report(s) was collected within the last 30 days and reflects the actual shelf price and the actual stock either on the shelf or in storage.
3. I understand that if the application is approved and an Agreement is executed, I will be bound by all rules and requirements of the Hawaii WIC Program, in addition to the terms and conditions of the WIC Vendor Agreement.
4. I understand that if any information contained in this application is found to be false, the application will be denied; or if authorized, can result in being suspended or disqualified from participating in the Hawaii WIC Program.
5. The undersigned declares that he/she is the business' sole owner or has the delegated authority to sign this application on behalf of the owner(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Title: (Print) \_\_\_\_\_

Phone Number: \_\_\_\_\_

*The information you have supplied to WIC is confidential, and will be disclosed only to management and data operation personnel.*

**WIC RETAIL FOOD VENDOR APPLICATION  
STORE/OUTLET INFORMATION FORM**

**NOTE: You must complete this form for each store/outlet that is applying for WIC authorization.**

GENERAL INFORMATION

Store Name: \_\_\_\_\_ Store No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Island: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Island: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Designated WIC Contact at this store: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

FOOD STAMP INFORMATION

1. Is this store currently authorized to accept Food Stamps?

☐ YES ☐ NO

If yes, list the Food Stamp Authorization Number: \_\_\_\_\_

Food Stamp Authorization Date: \_\_\_\_\_

2. What is the store's average Food Stamp dollar redemption volume per month? \_\_\_\_\_

3. Has the store, its owners or managers ever been cited, suspended, or disqualified by the Food Stamp Program in Hawaii or any other state?

☐ YES ☐ NO

*If yes, please attach a separate sheet that lists the name of the owner(s), officer(s), manager(s), store(s), location(s), and the reason(s) and date of citation, suspension, or disqualification.*

## BANK INFORMATION

Name of store's bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Date Account was opened: \_\_\_\_\_

## SALES INFORMATION

1. What is the individual store's annual gross receipts or sales?

(Please indicate if information is ☐ Actual or ☐ Estimated)

Food \$ \_\_\_\_\_ + Non-Food \$ \_\_\_\_\_ = Gross \$ \_\_\_\_\_

2. Fiscal year dates for the above figures: \_\_\_\_\_

3. Does the store derive 50% or more of its gross annual income through the sale of grocery items?

☐ YES ☐ NO

4. Does the store sell alcohol and/or tobacco products? ☐ YES ☐ NO

Alcohol \$ (annual sales) \_\_\_\_\_ Tobacco \$ (annual sales) \_\_\_\_\_

5. Does the applicant sell gasoline as a major product line? ☐ YES ☐ NO

Gasoline \$ (annual sales) \_\_\_\_\_

6. Is the store a full line/service grocery (e.g., vendor has fresh meat, produce, dairy and canned goods section) with a well-stocked line of grocery items featuring 3 or more brands to choose among (most food lines)? ☐ YES ☐ NO

7. Does the applicant feature non-grocery items as a major retail line? ☐ YES ☐ NO

8. Is the applicant primarily a convenience store featuring a limited number of brands and relatively low inventory of each item? ☐ YES ☐ NO

9. Does the store have an in-store pharmacy? ☐ YES ☐ NO

## STORE OPERATIONS

1. On what date did this store open for business? \_\_\_\_\_  
(Month/Day/Year)

2. Days and hours of store operation:

DAY	From	To	Check (✓) if open 24 hours
Sunday	A.M.	P.M.	
Monday	A.M.	P.M.	
Tuesday	A.M.	P.M.	
Wednesday	A.M.	P.M.	
Thursday	A.M.	P.M.	
Friday	A.M.	P.M.	
Saturday	A.M.	P.M.	

3. Indicate the number of cashiers employed by the store:

Number of full-time cashiers: \_\_\_\_\_

Number of part-time cashiers: \_\_\_\_\_

4. Indicate the number of cash registers in the store:

At regular check-out stands: \_\_\_\_\_

At customer service counter: \_\_\_\_\_

At departments (bakery, deli, etc.): \_\_\_\_\_

Total number of registers: \_\_\_\_\_

5. Does the store's check out registers use Point of Sale optical scanning devices (POS scanners) which record product and price information on the customer receipts? ☐ YES ☐ NO

If yes, number of registers (with scanners): \_\_\_\_\_

6. Does the store's check out registers/point of sale system use scanners that can identify WIC allowed foods versus non-WIC foods? ☐ YES ☐ NO

7. Does the store have ATM/EBT devices for customer use? ☐ YES ☐ NO

8. Store size (in square feet):

Retail: \_\_\_\_\_ Storage on-site (stockroom/warehouse): \_\_\_\_\_



9. Does the store have a storage facility off-site? ☐ YES ☐ NO

If yes, Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ Island: \_\_\_\_\_

10. How often are the dairy cases restocked? ☐ Daily ☐ Twice a week ☐ Weekly

11. How often are WIC grocery items restocked (see enclosed *WIC Allowed Foods* list)?  
☐ Daily ☐ Twice a week ☐ Weekly

12. How do you decide how much WIC stock to order?

- ☐ Conduct an informal "walk-through" inventory on a regular basis  
☐ Rely on an automated inventory control system  
☐ Order a certain amount of each item on a scheduled basis  
☐ Other \_\_\_\_\_

### WHOLESALEERS

1. Provide name(s) and address(s) of major wholesaler(s) or supplier(s) of WIC approved items:

A. Wholesaler 1: \_\_\_\_\_

B. Wholesaler 2: \_\_\_\_\_

C. Wholesaler 3: \_\_\_\_\_

D. Central Corp. Facilities: \_\_\_\_\_

E. Local Dairy: \_\_\_\_\_

F. Local Grower/Producer: \_\_\_\_\_

G. Other Retail Grocer: \_\_\_\_\_

H. Other: \_\_\_\_\_

2. From the above list of suppliers (A = Wholesaler 1, etc.) fill in the appropriate letter(s) (A-H) to indicate the source of the following products:

Fluid Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Fresh Eggs: \_\_\_\_\_

Carrots: \_\_\_\_\_ Cereals: \_\_\_\_\_ Infant Formula \_\_\_\_\_

Frozen Juice: \_\_\_\_\_ Canned Juice: \_\_\_\_\_ Salmon (canned) \_\_\_\_\_

Peanut Butter: \_\_\_\_\_ Beans: \_\_\_\_\_ Tuna (canned) \_\_\_\_\_

Plastic Bottled Juice \_\_\_\_\_

### LEGAL REPRESENTATION

Does your business/company retain legal representation? ☐ YES ☐ NO

If yes, please provide the following:

Law Firm Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### INSURANCE

1. Liability Insurance Company Name: \_\_\_\_\_

2. Liability Insurance Effective Date: \_\_\_\_\_

3. Liability Insurance Expiration Date: \_\_\_\_\_

4. Liability Insurance Coverage: \_\_\_\_\_

### SANITATION

1. Has the store been cited by the State health inspector for a violation in the past 12 months?

☐ YES ☐ NO

Was your license/permit ever revoked? ☐ YES ☐ NO

If yes, when: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

If yes, attach a separate sheet that lists the violation(s) in detail, and the date the citation(s) was issued.

2. **Attach a copy of the store's current health certificate (Food Establishment Permit).**

### AMERICANS WITH DISABILITIES ACT

Does the store comply with the applicable provision of the Americans with Disabilities Act of 1990?

☐ YES ☐ NO

For further information about the Americans with Disabilities Act, please contact the Commission on Persons with Disabilities at (808) 586-8121.

## **ATTACHMENT A**

### **WIC VENDOR PRICE/STOCK REPORT INSTRUCTIONS**

Complete all sections of pages 1 through 5, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC Program will assume that your store does not have that particular food item in stock. Do not estimate or project prices or stock. The WIC Vendor Price/Stock Report must reflect actual shelf prices and actual stock on hand at the time of completion.

1. Carefully review the WIC Minimum Inventory Requirements on pages 6 through 8.
2. On pages 2, 3, 4 and 5, indicate if your store meets the minimum inventory requirement for each food item by checking "Yes" or "No". If you answer "No", indicate the amount of the food item in stock by filling in the corresponding blank.
3. List the shelf price for each food item in stock. Fill in the price for the exact size listed.
4. When more than one brand is available, include your lowest (including sale price) and highest price.
5. Fax pages 1 through 5 of the WIC Vendor Price/Stock Report to (808) 586-8189, or mail to: WIC Vendor Management, 235 South Beretania Street, Suite 701, Honolulu, HI 96813 or attached to vendor application.

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### **CERTIFICATION**

I certify that:

1. I am authorized to act on behalf of the Vendor;
2. I have verified that the quantities of WIC inventory listed on pages 2, 3, 4 and 5 are either on the shelves or in inventory housed at the Vendor's store location;
3. I have verified that the prices listed on pages 2, 3, 4 and 5 are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Store Name/Number: \_\_\_\_\_

Store Address: \_\_\_\_\_

## Attachment A

### WIC VENDOR PRICE/STOCK REPORT

Date: \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Location: \_\_\_\_\_

#### MILK - Fluid, fresh, pasteurized, in gallon containers

Are there at least 2 varieties? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 12 Gallon containers? ☐ Yes ☐ No

If No, # of Gallon containers in stock? \_\_\_\_\_

Type	Gallon	
	Low	High
Whole	\$	\$
Fat Free (Skim/Nonfat)	\$	\$
Low Fat (1%)	\$	\$
Reduced Fat (2%)	\$	\$
½ Gallon		
Acidophilus	\$	\$
Lactose Reduced	\$	\$

#### EGGS – White, grade A, chicken, medium or large

Are there at least 6 dozen? ☐ Yes ☐ No

If No, # of dozen in stock? \_\_\_\_\_

Size	1 Dozen	
	Low	High
Medium	\$	\$
Large	\$	\$

#### CARROTS – Fresh package or loose whole carrots without tops

Are there at least 4 pounds loose/packaged? ☐ Yes ☐ No

If No, # of pounds in stock? \_\_\_\_\_

Size	1 Pound	
	Low	High
Package	\$	\$
Loose	\$	\$

#### EVAPORATED MILK

Are there at least 6 12-ounce cans? ☐ Yes ☐ No

If No, # of 12 ounce cans in stock? \_\_\_\_\_

Type	12 Ounce Can	
	Low	High
Whole	\$	\$
Low Fat/Reduced Fat	\$	\$
Skim (Non Fat)	\$	\$

#### JUICE – 100% juice, 120% DV for Vitamin C, unsweetened

Are there at least 2 varieties of frozen concentrate? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 12 cans frozen concentrate? ☐ Yes ☐ No

If No, # of cans in stock? \_\_\_\_\_

#### AND

Are there at least 2 varieties of single strength? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 10 cans / bottles single strength? ☐ Yes ☐ No

If No, # of cans / bottles in stock? \_\_\_\_\_

Type	12 Ounce Frozen Concentrate		46 Ounce Containers	
	Low	High	Low	High
Apple	\$	\$	\$	\$
Orange	\$	\$	\$	\$
Orange (Reduced Acid 10 oz)	\$	\$		
Pineapple	\$	\$	\$	\$
Grapefruit	\$	\$	\$	\$
Welch's Grape White/Purple	\$	\$	\$	\$
Dole Pineapple/Orange	\$	\$		
Dole Banana/Orange/Pineapple	\$	\$		
Minute Maid Orange/Passion	\$	\$		
Minute Maid Orange/Tangerine	\$	\$		
Juicy Juice All Varieties			\$	\$

## WIC VENDOR PRICE/STOCK REPORT

STORE NAME & LOCATION \_\_\_\_\_ DATE: \_\_\_\_\_

### CHEESE – Plain, domestic, pasteurized, block, ball or shredded

Are there at least 3 varieties? ☐ Yes ☐ No

Are there at least 4 pounds any combo package/style? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

If No, # of pounds in stock? \_\_\_\_\_

	1 Pound		8 Ounce		Random Weight Price per Pound		Shredded	
Type	Low	High	Low	High	Low	High	Low	High
Cheddar	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Cheddar, Mild	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Cheddar, Medium	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Cheddar, Sharp	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Mozzarella	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Colby	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Monterey Jack	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$
Swiss	\$	\$	\$	\$	\$	\$	___oz. \$	___oz. \$

### PEANUT BUTTER (plain) - Smooth, chunky, crunchy, extra crunchy, extra chunky, natural, or reduced fat in 8 through 18 ounce jars

Are there at least 2 varieties? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 4 issuances available? ☐ Yes ☐ No

If No, # of jars in stock? \_\_\_\_\_ 16 - 18oz \_\_\_\_\_ 8oz

	18 Ounce Jar Only	
Type	Low	High
Smooth/Chunky/Crunchy/Extra Crunchy/Extra Chunky	\$	\$
Reduced Fat	\$	\$
Natural	\$	\$

### BEANS, PEAS, OR LENTILS – dried beans, peas, or lentils in 8 through 16 ounce packages

Are there at least 2 varieties? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 4 pounds available? ☐ Yes ☐ No

If No, # of packages and size in stock? \_\_\_\_\_ 8oz \_\_\_\_\_ 9 – 16oz

	Packaged Only	
Type	Low	High
Beans	\$	\$
Peas/Lentils	\$	\$

### PINK SALMON – in water

7.5 oz cans – Are there at least 10 cans? ☐ Yes ☐ No

If No, # of 7.5 ounce cans in stock \_\_\_\_\_

14.75 oz. cans – Are there at least 4 cans? ☐ Yes ☐ No

If No, # of 14.75 ounce cans in stock ? \_\_\_\_\_

	Pink Salmon	
Type	Low	High
7.5 oz. cans	\$	\$
14.75 oz. cans	\$	\$

### TUNA – Chunk light, water packed, dolphin safe

Are there at least 6 cans? ☐ Yes ☐ No

If No, # of 6 ounce cans in stock? \_\_\_\_\_

	6 Ounce Can	
Type	Low	High
Tuna (Chunk light in water)	\$	\$

# QUARTERLY WIC VENDOR PRICE/STOCK REPORT

STORE NAME & ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

## CEREAL – 9-ounce through 36-ounce box.

Are there at least 5 varieties? ☐ Yes ☐ No

If No, # of varieties in stock? \_\_\_\_\_

Are there at least 15 boxes? ☐ Yes ☐ No

If No, # of boxes in stock? \_\_\_\_\_

CEREAL	SIZE	PRICE	SIZE	PRICE
Bran Flakes (Post)	oz	\$	oz	\$
Cheerios Multi-grain (General Mills)	oz	\$	oz	\$
Cheerios Plain (General Mills)	oz	\$	oz	\$
Chex Corn (General Mills)	oz	\$	oz	\$
Chex Multi Bran (General Mills)	oz	\$	oz	\$
Chex Rice (General Mills)	oz	\$	oz	\$
Chex Wheat (General Mills)	oz	\$	oz	\$
Corn Flakes (Best Yet)	oz	\$	oz	\$
Corn Flakes (Kellogg's)	oz	\$	oz	\$
Corn Flakes (Springfield)	oz	\$	oz	\$
Corn Flakes (Western Family)	oz	\$	oz	\$
Country Corn Flakes (General Mills)	oz	\$	oz	\$
Cream of Wheat 1, 2 ½, 10 minutes (Nabisco)	oz	\$	oz	\$
Cream of Wheat Instant Regular Individual Packets (Nabisco)	oz	\$	oz	\$
Crisp Rice (Best Yet)	oz	\$	oz	\$
Crispy Rice (Ralston)	oz	\$	oz	\$
Crispy Rice (Safeway)	oz	\$	oz	\$

CEREAL	SIZE	PRICE	SIZE	PRICE
Crispy Rice (Springfield)	oz	\$	oz	\$
Crispy Rice (Western Family)	oz	\$	oz	\$
Crunchy Corn Bran (Quakers)	oz	\$	oz	\$
Frosted Mini Wheats Bite-size (Kellogg's)	oz	\$	oz	\$
Honey Bunches of Oats Honey (Post)	oz	\$	oz	\$
Instant Oatmeal –Regular flavor Individual Packets (Quakers)	oz	\$	oz	\$
Kix Plain (General Mills)	oz	\$	oz	\$
Life – Regular (Quakers)	oz	\$	oz	\$
Product 19 – Plain (Kellogg's)	oz	\$	oz	\$
Special K (Kellogg's)	oz	\$	oz	\$
Toasted Oats (Best Yet)	oz	\$	oz	\$
Toasted Oats (Safeway)	oz	\$	oz	\$
Toasted Oats (Springfield)	oz	\$	oz	\$
Toasted Oats (Western Family)	oz	\$	oz	\$
Total Cornflakes (General Mills)	oz	\$	oz	\$
Total, Whole Grain (General Mills)	oz	\$	oz	\$

## QUARTERLY WIC VENDOR PRICE/STOCK REPORT

STORE NAME & ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

### INFANT CEREAL (plain) – Barley, Mixed, Oatmeal, or Rice

Are there at least 6 8-ounce boxes? ☐ Yes ☐ No

If No, # of 8-ounce boxes in stock? \_\_\_\_\_

Type	8 Ounce Box		16 Ounce Box	
	Low	High	Low	High
Barley/Mixed/Oatmeal/Rice	\$	\$	\$	\$

### INFANT FORMULA – Iron Fortified, No Low Iron

#### MILK BASED FORMULA (ENFAMIL WITH IRON ONLY)

Are there at least 24 cans of powder and 31 cans of concentrate? ☐ Yes ☐ No

If No, # of cans in stock? \_\_\_\_\_ Powder \_\_\_\_\_ Concentrate

#### SOY BASED FORMULA (ENFAMIL PROSOBEE ONLY)

Are there at least 8 cans of powder? ☐ Yes ☐ No

If No, # of cans in stock? \_\_\_\_\_ Powder

CONTRACT FORMULA	Powder (14.3 Ounce )		Concentrate (13 Ounce)	
	Unit Price	Case Price	Unit Price	Case Price
Enfamil with Iron (yellow label)	\$	\$	\$	\$
Enfamil ProSobee (blue label)	\$	\$	\$	\$

NON CONTRACT FORMULA	Powder (12 oz - 14.1 oz)		Concentrate (13 Ounce)		Ready to Use (8 Ounce)	
	Unit Price	Case Price	Unit Price	Case Price	Unit Price	4 or 6 pack Price
PediaSure with Fiber					\$	\$
PediaSure					\$	\$
Similac With Iron	\$	\$	\$	\$		
Isomil w/ Iron	\$	\$	\$	\$		
Good Start (Iron Fortified)	\$	\$	\$	\$		

## MINIMUM INVENTORY REQUIREMENTS

These stock requirements must be maintained at all times. Failure to maintain the required minimum inventory of WIC Allowed foods may result in the disqualification of the vendor from the WIC Program.

[illegible]



## MINIMUM INVENTORY REQUIREMENTS

Salmon	Any brand – pink, water packed	10 and 4	7.5 ounce cans and 14.75 ounce cans	N/A
Tuna	Any brand – chunk light, water packed, dolphin safe.	6	6 ounce cans	N/A
Beans, Peas or Lentils	Any brand – dried beans, peas, or lentils.	4 LBS	8 - 16 ounce package, any combination	2 types
Cereals	<p style="text-align: center;"><b>ONLY THESE BRANDS:</b></p> <p><b>Best Yet</b> Corn Flakes, Crisp Rice, Toasted Oats</p> <p><b>General Mills</b> Cheerios (Plain and Multi grain) Chex (Corn, Multi Bran, Rice &amp; Wheat), Country Corn Flakes, Kix, Total (Corn &amp; Whole Grain)</p> <p><b>Kellogg's</b> Corn Flakes, Frosted Mini Wheat's Bite-Size, Special K, &amp; Product 19</p> <p><b>Nabisco</b> Cream of Wheat (1, 2 1/2, 10 minutes &amp; Instant Regular flavor individual packets)</p> <p><b>Post</b> Bran Flakes, Honey Bunches of Oats (Honey )</p> <p><b>Quaker</b> Crunchy Corn Bran, Instant Oatmeal (Regular flavor-Individual packets) &amp; Life (regular)</p> <p><b>Ralston</b> Crispy Rice</p> <p><b>Safeway</b> Crispy Rice &amp;, Toasted Oats</p> <p><b>Springfield</b> Corn Flakes, Crispy Rice &amp; Toasted Oats</p> <p><b>Western Family</b> Corn Flakes, Crispy Rice &amp; Toasted Oats</p>	15	Boxes (9 –36 ounces of hot and cold cereal) Any combined	5 types
Peanut Butter	<p>Any brand – Smooth, Chunky, Crunchy, Extra Crunchy, Reduced Fat, or Natural. Must be plain.</p> <p>8 ounces – 18 ounces.</p> <p>No peanut butter spread or added jam, honey or flavors.</p>	4  or	<p>16 - 18 ounce jars</p> <p>or</p> <p>Any combination of sizes to equal quantity of 4</p> <p>Where: 2 8oz. to equal 1 1 16oz to equal 1 1 18oz to equal 1</p>	2 types

## MINIMUM INVENTORY REQUIREMENTS

Carrots	Any brand – Fresh packaged or loose whole carrots without tops.	4 LBS	Any combination of loose and/or packaged	N/A
Infant Formula	Enfamil® With Iron (yellow label) -  Powder	24	14.3 ounce cans	N/A
	Concentrate	---and--- 31	----- 13 ounce cans	
	Enfamil® Soy (ProSobee®) -  Powder	9	14.3 ounce cans	
	Concentrate	---and--- N/A*	----- 13 ounce cans	N/A

\* Vendors are not required to stock the formula. However, vendors must procure the formula within seven (7) calendar days of request from the WIC Program or WIC customer.

## **Attachment B**

### **Vendor Selection and Authorization Criteria**

The Hawaii WIC Program authorizes a limited number and appropriate distribution of vendors in order to assure that they are conveniently accessible to WIC participants and to assure that WIC Program staff can effectively monitor and review vendor performance. Criteria have been established for vendor selection, including criteria to limit the number of participating vendors. Only stores authorized by the Hawaii WIC Program may redeem Hawaii WIC checks.

Vendors are selected to meet the needs of the WIC Program and its participants. Vendors do not automatically have the “right” to participate. Criteria have been established to select or retain WIC vendor stores who wish to participate. If there are no WIC authorized vendors in an area, denial based upon the selection criteria may be waived. A waiver may be considered for any of the below criteria, with the exception of criterion #1 (competitive prices) and criterion #2 (stock requirements), if WIC determines that an undue hardship for WIC participants would result if the vendor were not approved as a Hawaii WIC Food Vendor.

The Vendor shall comply with the selection criteria throughout the Agreement period, including any changes to the criteria. The WIC Program may reassess the Vendor for compliance to the selection criteria at any time. Any failure to comply with the Selection and Authorization criteria must be corrected by the Vendor. The Vendor will be given an opportunity to correct any deficiencies. Failure to correct any deficiencies upon notification from the WIC Program shall result in the termination of the Vendor’s Agreement. If the applicant provides false information in connection with the application, the application will be denied, and/or the vendor will be disqualified for up to one year.

#### **The following criteria will be used when evaluating applications:**

1. **Competitive Prices** - The applicant shall have shelf prices that are competitive. The WIC Program shall group applicants/vendors by peer groups, and will calculate the average price for the most frequently redeemed food packages by vendor peer group. Vendor’s shelf prices shall not be more than 30% above the average food prices for vendors in the same peer group. Exemptions from this criterion are not allowed.
2. **Stock Requirements** - The applicant shall have and maintain the minimum variety and quantity of WIC foods as required by the Hawaii WIC Program (see Attachment B). Exemptions from this criterion are not allowed.
3. **Business Integrity** - The applicant or any of the applicant’s current owners, officers, or managers shall not have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. Activities indicating a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
4. **History of Compliance** - The applicant shall not have been sanctioned or disqualified from participating in any Food Stamp Program or WIC program for a period of six (6) Federal Fiscal Years prior to the application to participate in the Hawaii WIC Program.
5. **Food Stamp Authorization** - The applicant shall have authorization from and operate in compliance with Food Stamp Program regulations. Applicants who are currently disqualified from the Food Stamp Program shall not be considered to become a WIC Vendor.

**Attachment B**  
**Vendor Selection and Authorization Criteria**

6. **Business Type** – The Vendor shall be located at a fixed permanent location, and shall furnish WIC Allowed foods to participants only at the site of the vendor location. The applicant shall be primarily a retailer of groceries (i.e., full line/service grocery store) with fifty (50) percent or more of its sales from groceries and not from alcohol, tobacco products or gas. Convenience stores may be authorized only if they meet all of the criteria and there are no full line grocery stores within a ten (10) mile radius. (This generally applies to very small towns and rural areas.) “Super” stores may be authorized only if they meet all of the criteria and the grocery area is separated from the rest of the store’s goods and services.
7. **Volume of WIC Business** - Applicants that participated as WIC vendors during the previous contract year that had an average of 90 or fewer food instruments redeemed for the most recent fiscal quarter, may be considered to have too low a volume of WIC transactions, and may be evaluated as demonstrating a lack of demand for the Vendor Applicant in the area.
8. **Accessibility to WIC participants** - The applicant shall be open for business at least 10 (ten) hours per day, six (6) days a week.
9. **Sanitation** - The applicant shall be in compliance with all state and local sanitation standards. The applicant must have a current Food Establishment Permit posted in the store.
10. **Conflict of Interest** - There shall be no conflict of interest between the Vendor and the Hawaii WIC Program or its clinics.
11. **Registered with the Hawaii State Department of Commerce and Consumer Affairs** – The corporation or business entity applying for WIC authorization must be registered with the Hawaii State Department of Commerce and Consumer Affairs.